MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. ● **FILING DATE**

APPLICANT(S) 10/563466

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2		✓						52						
3		✓						53						
4		✓						54						
5		✓						55						
6		✓						56						
7		✓						57						
8	✓							58						
9		✓						59						
10		✓						60						
11	✓							61						
12		✓						62						
13		✓						63						
14		✓						64						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							**TOTAL IND.**						
TOTAL DEP.	13							**TOTAL DEP.**						
TOTAL CLAIMS	16							**TOTAL CLAIMS**						

PTO - 1360 (REV. 1/84)